

**PUBLIC HEALTH - IDAHO NORTH CENTRAL DISTRICT**

**REQUEST FOR PROPOSAL**

**Behavioral Health Community Crisis Center Operator**

**RFP # PHD2-2024**

## RFP ADMINISTRATIVE INFORMATION

RFP Title:	Behavioral Health Community Crisis Center Operator
RFP Project Description:	<p>Public Health - Idaho North Central District (PH-INCD) is seeking proposals for operation of a Behavioral Health Community Crisis Center located in Lewiston, Idaho.</p> <p>The Crisis Center will serve residents within the region of North Central Idaho.</p> <p>The operations provider is also expected to provide/deliver services as required by Idaho Medicaid Crisis Center Minimum Requirements (see RFP packet)</p>
RFP Lead:	<p>Joyce Lyons Project Manager <a href="mailto:jlyons@phd2.idaho.gov">jlyons@phd2.idaho.gov</a> 208-799-3100</p>
<p>Submitting Sealed Proposal:</p> <p>Submitting Manually: MANUAL PROPOSALS MUST BE RECEIVED AT THE PHYSICAL ADDRESS DESIGNATED FOR COURIER SERVICE AND TIME/DATE STAMPED BY THE OFFICE PRIOR TO THE CLOSING DATE AND TIME.</p>	<p>Address for Courier: 215 10th Street Lewiston, ID 83501</p> <p>Email Joyce for full RFP Packet and link to pre-proposal virtual conference.</p>
Deadline to Receive Questions:	Thursday, December 5, 2024 11:59:59 P.M.
Pre-proposal Conference:	Thursday, December 16, 2024 1:00-1:30 P.M
RFP Closing Date:	Thursday, December 26, 2024, 11:59:59 P.M.
Initial Term of Contract and Renewals:	Five (5) years. Upon mutual, written agreement, the Contract may be renewed, extended or amended. The anticipated total Contract term is five (5) years.

**2025 Adult Behavioral Health Community Crisis Center  
Public Health – Idaho North Central District  
Grant Application**

**1. General Grantee Responsibilities – 10 points**

*a. Please indicate your enrollment status as a Medicaid provider and credentialed with the Idaho Behavioral Health Plan (IBHP) through the Managed Care Organization (Magellan) provider. If you are already credentialed, please provide background on your familiarity with providing crisis services under the IBHP including how long you have been credentialed and what billable services you provide. If you are not already credentialed as part of the Idaho Behavioral Health Plan (IBHP) please describe your plan to do so and provide a timeline for achieving this upon grant award.*

*b. Provide the qualifications of the applicant agency and key personnel who will administer and staff the project. Include resumes for the project director, financial officer, and other key staff. Include any individual resumes and relative professional licenses or certifications. If you propose to hire for a position, include the job description.*

**2. Adult Behavioral Health Crisis Center Facility – 10 points**

*a. Describe your plans for obtaining a building or facility for the Crisis Center or anticipated steps needed to have a building or facility to provide services. Applicants are encouraged to share details about whether their plans are for purchasing an existing space, refurbishing a building or space, leasing or renting a space.*

*b. Describe where your center will be within the context of District 2 and identify what extended areas you will serve through your project.*

*c. Please describe how you anticipate designing confidential resting capacity space, ensuring separation of males and female.*

*d. Grantees should indicate what their resting capacity will be. Each center's resting capacity should include a minimum of four resting areas.*

*e. Grantees must describe how this space will ensure confidentiality for medical, case management and behavioral health intervention services provided.*

**3. Operation and Services Design – 30 points**

*a. Grantees will describe how their anticipated project provides a program that operates and manages crisis services as outlined in the scope of work. (Appendix A)*

*a. Operates twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.*

*b. Not provide services for more than twenty-three (23) hours and fifty-nine (59) minutes in a single episode of care.*

*c. Provide security services during an episode of care and/or when participants are on-sight.*

- d. Crisis services are available on a voluntary basis to adults experiencing a behavioral health crisis; and
- e. Incorporates peer services as encouraged in the scope of work document as part of the overall crisis service delivery system.
- f. Grantees should describe what kinds of materials will be made available to adults seeking services at your proposed Crisis Center project. Materials may include items such as water and other non-alcoholic beverages, nonperishable snacks, entertainment, transportation as needed.

#### **4. Implementation and Readiness Review – 30 points**

*Grantees must describe their anticipated timeline for achieving a successful Readiness Review. Grantees may request a Readiness Review no later than thirty (30) days after the Grant Award.*

##### **1. Service/Program Design – 50 points**

*Please provide a description of your anticipated Adult Behavioral Health Community Crisis Center project. The highest point allocation will go to grantees who align their projects with the Idaho Department of Health and Welfare, Division of Behavioral Health, State of Idaho Best-Practice Standards (specific to Community Crisis Centers), IDHW Crisis Center Minimum Standards outlined below, Idaho Statute Title 39, Chapter 91, and SAMHSA’s National Guidelines for Behavioral Health Crisis Care Best-Practice Tool Kit, specifically the Minimum Expectations to Operate a Crisis Receiving and Stabilization Service.*

*Review Appendix 1, Scope of Work to design your project. All areas outlined in the Minimum Requirements Document (Appendix 1) are required to be considered for the grant.*

##### **2. Program Oversight – 20 points**

*The Grantee must work with the Managed Care Organization (Magellan) and/or Public Health - INCD to use an approved Electronic Health Record (EHR) system to provide approved outcome measures related to delivering crisis services for adults. Access to Behavioral Health Link and Availity billing systems are required.*

##### **3. Sustainability – 30 points**

*a. The grantee must develop a sustainability plan. Specifically, the center must record all episodes of care in Behavioral Health Link and bill all episodes of care through Magellan during fiscal 2024 to establish a base line for billable items.*

*b. Grantees will describe any existing resources that they will bring to the project to support this work or other anticipated funding that will help support this work.*

#### **Budget Information**

1. *Review Appendix 2 and complete budget for your proposed crisis center based on the scope of work, Idaho Behavioral Health Plan, and Idaho Statute mentioned above. Include documentation regarding personnel, facilities, training, and overall center operations.*

District 2 Public Health  
Rural Crisis Response Project  
IDHW Crisis Center Minimum Standards  
06-2024

**IDAHO MEDICAID CRISIS CENTER MINIMUM REQUIREMENTS**

The Crisis Center must comply with all provisions of state and federal laws, rules, regulations, policies, standards, and guidelines as indicated, amended, or modified that govern performance of the services. This specifically includes, but is not limited to:

- I. Idaho Code Title 39 Chapter 91, Behavioral Health Community Crisis Centers.
- II. Idaho Code sections 16-2428 and 37-3102 that govern youth's consent to disclosure of treatment information, as well as general use and disclosure and privacy requirements of state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1302(a), 42 U.S.C. 1320d-1320d-9, and its implementing regulations, 45 CFR parts 160, 162, 164, and laws related to the confidentiality of substance use disorder (SUD) records, 42 U.S.C. 290dd-2, and its implementing regulations at 42 CFR Part 2 and ensure procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01.
- III. The department's HIPAA Business Associate Agreement.
- IV. Idaho's Open Meeting Law as established in Idaho Code §§ 74-201 through 74-208.
- V. The Idaho Behavioral Health Plan (IBHP)'s Idaho department of Health and Welfare (IDHW)-approved Supervisory Protocol

**THE CRISIS CENTER MUST:**

- I. Provide, operate, and manage their crisis center as follows:
  - a. Operate twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
  - b. Provide services to clients in a behavioral health crisis for no more than twenty-three (23) hours and fifty-nine (59) minutes per single episode of care.
  - c. Provide services on a voluntary, outpatient basis to individuals experiencing a behavioral health crisis.

d. Provide case management services to assist in the creation and follow through of treatment and discharge planning.

e. Ensure age-appropriate clients participate in crisis stabilization planning.

II. Ensure for Youth Crisis Centers (YCC):

a. Parent/Guardian and/or Law enforcement be contacted if the client arrived at the facility unaccompanied by the parent or guardian.

b. If a staff member suspects a client has been abused, abandoned, or neglected a report to the appropriate parties must be made as required by Idaho Code 16-1605.

c. In coordinated effort with the department, for Youth in department custody, the YCC must allow and encourage the client's parent/guardian to be involved in crisis treatment, treatment planning and discharge planning, unless it is the department's determination that such involvement would endanger the client. Efforts and activities related to family and natural support involvement must be documented in the client's case record established by the YCC.

III. Ensure the facility can provide services to individuals in crisis including:

a. Individuals with co-occurring conditions or considerations, with cognitive functioning at a sufficient level to perform their own personal care and self-governance including, but not limited to:

i. Mental health conditions

ii. Substance Use Disorders (SUDs)

iii. Medical needs (not requiring immediate hospitalization).

iv. Intellectual/developmental disabilities.

v. Physical disabilities.

vi. Clients who may be uninsured or unable to pay for services.

vii. Youth who may lack residency or legal immigration status. Lesbian, gay, bisexual, transgender, queer, intersex, agender (LGTBQIA+) clients.

IV. Incorporate peer recovery support services as part of the overall crisis service delivery system.

V. Use a department provided real time bed registry.

a. Update the bed registry a minimum of once per 12-hour period, morning, and evening.

VI. Develop and maintain policies and procedures that address the following:

a. Engage client's natural supports.

b. Maximum capacity.

c. Staff training requirements include but are not limited to:

- i. Overdose training response and naloxone injection.
- ii. Basic life support (BLS) certification
- d. Cultural competency plan.
- e. Staff to client ratios, including minimum staff to remain open.
- f. Bilingual Services.
- g. Non-discriminatory practices.
- h. Client's personal possessions, including medications.
- i. Transportation of clients (if provided);
- j. Client resting areas.
- k. Crisis Assessment Tool (CAT) data submission platform.
- l. Behavioral management system: de-escalation and safety.
- m. Client conducts and rules violation.
- n. Critical Incidents.
- o. Emergency policies and procedures.
- p. Quality management plan.
- q. Reporting of abuse and or neglect, including alleged.
- r. Maintenance and care of the facility.
- s. Use of program animals.
- t. Disposal of contraband/weapons.
- u. Alcohol, tobacco products, and illegal or illicit drugs.
- v. Grievances and complaints.
  
- w. Background checks.
- x. Client eligibility.
- y. Admission and discharge.
- z. Clinical supervision.
- aa. Law enforcement referrals.
- bb. Visitors.
- cc. Client records.
- dd. Transfer of youth to adult center if needed.
- ee. Transfer of a client to a higher level of care if needed.
- ff. Readmission of youth if additional few hours of stabilization is needed.
- gg. Client rights including the acceptance and refusal of services; and
- hh. For YCC:
  - i. Non-episode participants, such as siblings.
  - ii. Client reporting as runaways.
  
- ii. Medical assessment and treatment requirements that include but are not limited to:
  - i. Response to overdoses
  - ii. Naloxone
  - iii. Identification of withdrawal symptoms (and high-risk scenarios where hospital is needed for withdrawal management).
  
- jj. Medication Management requirements that include but are not limited to:

- i. Storage and administration of prescription and non-prescription medication.
- ii. Storage of all prescription and over-the-counter medication under lock and key.
- iii. Ensure the keys are not accessible to unauthorized individuals, including clients, parents, visitors, or staff not authorized to assist with medications.
- iv. Administration of medication be recorded by authorized personnel and in accordance with physician's orders.
- v. Staff who administer and assist with self-administration of medications must be certified by a qualified medical professional.
- vi. Consultation of a qualified medical professional before discontinuing, changing, or adding prescribed medication.
- vii. If applicable; parent/guardian consent before discontinuing, changing, or adding prescribed medication.
- viii. Documentation of all consultations regarding changes in prescription medications.
  
- ix. Documentation for all prescription medication issued by a qualified medical professional's valid order that includes the dosage to be given, and documentation of each dose given, name of the client, date and time, amount of dosage given and whether the client did or did not take the medication; and person who administered or assisted in the self-administration of the medication.

VII. Provide a Program Services description detailing all the services provided. Services must include but are not limited to:

- a. Individual, group and family counseling.
- b. Parent/guardian education.
- c. Relapse prevention.
- d. Case management/care coordination.
- e. Referral services.
- f. Aftercare planning.
- g. Safety planning.
- h. Meets general facility requirements.

**THE CRISIS CENTER FACILITY MUST:**

- I. Ensure that if crisis stabilization services are co-located with other specialty mental health services (such as adult services and/or substance use services) these areas must be physically separated by locked doors and walls, so there is no co-mingling between clients, regardless of age. There must be no co-mingling between adult clients and child/youth clients allowed at any time, for any reason. Adult clients and child/youth clients must be physically separated by locked doors and walls, so there is no co-mingling between clients.



II. Meet capacity requirements:

- a. YCC's must have capacity for up to eight (8) clients. The maximum number can be achieved and/or expanded in stages during implementation and as approved by the IBHP contractor.
- b. Adult Crisis Centers must have capacity for ten (10) male/female beds for a total of twenty (20) beds. The maximum number can be achieved and/or expanded in stages during implementation and as approved by the IBHP contractor.
- c. Ensure that the facility has separate resting areas for clients, based on age and other identified factors, as appropriate.

III. Have capacity that includes:

- a. Lobby space with chairs and tables.
- b. Confidential office space for medical, case management, and behavioral health interventions.
- c. A triage area that is quiet and private.
- d. Spaces that are trauma informed in their design and promote privacy and dignity as well as safety.
- e. Quiet space in the physical environment away from the milieu of the main stabilization area.
  - i. This area must be used for de-escalation and calming, not seclusion. There must be no restriction in terms of entry and exit.
- f. A family friendly, welcoming physical space and environment for persons in crisis that offers developmentally suitable supports for clients and families.
- g. Confidential spaces for families to gather, with the client and without, where the families and/or client may receive clinical services and supports.
- h. Bathrooms that are gender neutral.
- i. Develop and maintain a policy to decrease safety risks for clients who may be alone or unsupervised in a location, such as but not limited to a bathroom. Anti-ligature equipment for these locations is required.
- j. A dedicated first responder drop off area separate from the main entrance.
- k. A means of securing personal possessions including medication, valuables, clothing, etc.
- l. Client protection from potential threats to their safety by implementing a security policy and practice.
- m. Recommendation to provide limited daily transportation to community partner places of business such as the department of Labor, Social Security Administration and Public Health department.

IV. Have Available:

- a. Plastic eating utensils and cups.

- b. Beverages such as water, coffee, etc.
- c. Non-perishable, self-prepared snack items such as cup of soup, granola bars, cheese and crackers, peanut butter sandwiches, pudding cups or other similar items; and
- d. Have available, on an "as needed" basis:
  - i. Sweatpants, scrubs, tee shirts, sweatshirts, etc.
  - ii. Personal care products, toiletries/toilet paper, paper towels.
  - iii. Bus and cab vouchers

**STAFFING REQUIREMENTS MUST INCLUDE:**

- I. Assessment and screenings being overseen by a Licensed Medical Professional and/or a Licensed Mental Health Professional. The professionals must have the training, skills, current professional licensure and/or certification to accurately diagnose clients.
- II. All service provisions delivered by professionals who meet licensure and/or certification qualifications, as appropriate within their field of study. Evidence of licensure, certification, and any other applicable qualifications must be provided to the IBHP contractor.
- III. A clinical supervisor to provide direction and guidance of all clinicians doing integrated mental health and substance use disorders assessments.
  - a. There must be a minimum of one (1) medical staff which could be inclusive of; Certified Nursing Assistant (CNA), Emergency Medical Technician (EMT), Licensed Practical Nurse (LPN), or Registered Nurse (RN) on site at all times. This staff can be counted as one (1) of the minimum two (2) staff on site.
  - b. Required staffing ratios: One (1) direct care staff for every three (3) clients and a minimum of two (2) staff on site at all times.
  - c. Ability to provide 1:1 supervision as needed.

**AVAILABLE SCREENING/SERVICES AND INTERVENTIONS MUST INCLUDE:**

- IV. Medical Screening/Assessment:
  - a. A medical professional, as described above, assesses physical health needs, and determines any need for immediate medical treatment. The medical professional may deliver care for minor physical health challenges. The Screening/Assessment must also provide a health history.
- V. Plan of Care and Service Planning:
  - a. A plan of care based on findings from the medical screening and behavioral health assessment/CAT for each client admitted. The plan of care must be individualized,

person-centered, strengths-based, collaborative, family, and community focused, culturally competent, utilize natural supports, and be outcomes based. The plan of care must be documented in the department-approved data submission platform outlined by the contractor.

- b. Depending on the age of the client, client and/or their parents or guardians must direct the development of the client's service plan through a person-centered, family driven, client guided planning process. The Contractor must ensure information and support is provided to clients and families to maximize their ability to make informed choices and decisions.

VI. For each YCC client, there must be a completed and or updated CAT per admission, administered by a certified staff member. This must include intake information to develop the plan of care, intervention services and referral services. The CAT must be documented in a department-approved data submission platform.

- a. CAT (Crisis Assessment Tool)

- i. REFERENCE-GUIDE\_Standard-CAT-6-thru 20\_Final\_2022.12.15.docx  
(<https://praedfoundation.org/tcom/tcom-tools/crisis-assessment-tool-cat/>)

#### VII. Referral Services

- a. Based on identified functional areas of impairment (medical, vocational, financial, housing, family, social activities of daily living, transportation, legal, and substance use). This information must be documented in a department-approved data submission platform.
- b. For YCC's this includes a warm handoff to home and community-based providers working with the client discharging from the YCC. This work may include but is not limited to: scheduling appointments for the client which would include a discussion with the provider about the needs and strengths of the client and family.

#### VIII. Aftercare Plan

- a. Each client, prior to leaving the Crisis Center must be provided an after-care plan which includes, at a minimum, connection to a peer or Recovery Support Specialist.
- b. This plan must be documented in a department approved data submission platform.
- c. The plan must anticipate a variety of needs associated with aftercare. Ideas include but not limited to:
  - i. Safety Planning.
  - ii. Primary/Peer Support.
  - iii. Education Planning.
  - iv. Relapse Prevention Planning; and

v. Continuing Treatment Planning.

IX. Behavioral Management

- a. Have a nationally recognized behavior management system to structure prevention and intervention approaches that is approved by the department.
- b. Ensure all staff are trained in and use crisis management and intervention techniques that employ verbal de-escalation methods and non-physical intervention strategies. Ensure there is no restraint either mechanical, physical, or chemical (pharmacological) of clients by agency staff, or other clients.

X. Management/Contingency Plans

- a. For any center not meeting these minimum requirements, there must be an approved management or contingency plan in place with the IBHP contractor.
  - i. A contingency plan may be put in place when the IBHP contractor deems a sufficient exception to requirements may be made without risking quality or efficacy of care.
  - ii. A management plan may be put in place when the IBHP contractor determines a requirement ineligible for contingency planning.
  - iii. Timelines set in a management plan for meeting requirements determined ineligible by the contractor for contingency plan may not exceed one year from the plan being signed.

BUDGET FORM WORKSHEET

<b>2024 Adult Behavioral Health Community Crisis Center</b> <b>Budget Form Worksheet</b> <b>Budget Period 1-1-2025 - 12-30-2025</b>		
<i>Grantees will use this Budget Worksheet to denote anticipated budget allocations. These estimations should be based on allowable expenses as outlined in the scope of work including justification. Applicants should anticipate needed funds they will use per category based on the overall intention of this grant to establish adult crisis centers.</i>		
<b>Budget Category:</b>	<b>Monthly</b>	<b>Yearly</b>
On-Call		
Assessment/Case Management		
Operations/Clinical Supervision		
Facility Rent		
Crisis Coordinator		
Crisis Calls		
Crisis Episodes		
<b>Totals:</b>	\$ -	0.00
<b>Explain how you plan to use funding to sustain the Crisis Center.</b>		
Fiscal Officer Signature:	Date:	

## Appendix

Links -

[New IBHP | Idaho Department of Health and Welfare](#)

[Provider Handbooks - Magellan of Idaho - Liferay DXP](#)

[OPE Published Report](#)

[Chapter 91 – Idaho State Legislature](#)